STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Adam Schmidt; Karen Souc	у	
II. Name of lobbyist's pa	rtnership, firm or corporation, if a	nny:	
Bianco Professio	•	•	
(Name of	partnership, firm or corporation)	All Land State Control of the Contro	
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 225-7170 (Telephone)	(603) 226-0165 (Fax	e-mail_attys@b	iancopa.com_
	s: (Choose one – file separate repo actions which are not attributable		y file a separate report for
X All reportable transact	ions occurring in the months prior to	the reporting date relative to the	e following client:
Apartment Associa			
-	ull Name of Client as it appears on the L	obbyist Registration Form)	
OR ☐ All reportable transactiunrelated to any particular	ons by the lobbyist (including the lo	bbyist's family), or the lobbying	firm listed below which are
•	spril 26, 2017 []] rom date of registration to 3/31/17	July 26, 2017 [] activity from 4/1/17 to 6/30/17	
	October 25, 2017 [] wity from 7/1/17 to 9/30/17	January 31, 2018 🗓 activity from 10/1/17 to 12/31/	17
V. There have been no If this box is checked, com Concord, NH 03301.	fees received and no reportable plete just this form and submit it to t	e transactions made since the he Secretary of State's Office, St	ne last report. Attack House, Room 204,
VI. Check if additional r	eports are attached:		
	ees or made expenditures, you must	file Addendum A– Fees and Ex	rpenses
☐ If you have paid an ho Expense Reimbursement	onorarium or reimbursed expenses, y	ou must file Addendum B- Rep	port of Honorariums or
•	our family has made political contrib	outions, you must file Addendu	m C-Political Contributions
and complete to the best of	nation by Lobbyist 15-B, RSA 14-C and RSA 664 and f of my knowledge and belief.	hereby swear or affirm that the f $\frac{112-9118}{\text{(Dat)}}$	
(Signature of lobbyist)		(Dat	RECEIVED
Adam Schmidt			VECEIVEL
(Print Name of lobbyist)			

JAN 3 0 2018

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irmatio	on by	Lobbyist
Statem	ent of	Income	and Ex	cpense	es for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Apartment Association of NH
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 □ January 31, 2018 反
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
O Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Saren Soucy
(Print Name of Johnwist)